

Instructions for the Pediatric Symptom Checklist Screening Tool

The Pediatric Symptom Checklist is the screening tool designated to evaluate the psychosocial functioning of children ages 6 – 18 who have had DSS substantiated abuse, neglect or dependency. The tool is intended to serve as a method of early identification of psychosocial difficulty in this population. It will be filled out by the DSS worker most involved with the child. Information for the evaluation should be gathered from the natural and/or foster family (if appropriate), other child caring agencies (if appropriate) as well as from schools and other persons involved with the child. This information along with screening scores should be discussed with the child's primary care provider (if appropriate) and/or the local Area Mental Health Program.

The PSC consists of 35-items that are rated as never, sometimes, or often present and scored 0, 1, and 2, respectively. Item scores are summed and the total score is totaled. For children aged six through sixteen, the cut-off score is 28 or higher. Items that are left blank by screeners are simply ignored (score = 0). If four or more items are left blank, the questionnaire is considered invalid.

A positive score on the PSC suggests the need for further evaluation by a qualified health (M.D., R.N.) or mental health professional. Both false positives and false negatives occur, and only an experienced clinician should interpret a positive PSC score as anything other than a suggestion that further evaluation may be helpful. There will inevitably be both false-positive and false-negative screens. This underscores the importance of experienced clinical judgment in interpreting PSC scores. Therefore, it is especially important for those who administer the form to consult with a licensed professional if their child receives a PSC-positive score.

Children who score positive on the screen should be referred to the local Area Mental Health Program for a "Preliminary screening to determine eligibility for the At Risk Children's Program." This will serve as an efficient method of ensuring that children receive appropriate and medically necessary services. It is recommended that children in custody get re-screened every 6 months if possible.